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FEB 1 6 2007

PTO/SB/82 (01-06)
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Attorney Docket Number

28179-7 FORMERLY 21101-0006 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: 33417 Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 33417 OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: [7] Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature WEAR Name YOEL WAZANA Date **JANUARY 8, 2007** Telephone 818-407-7500 NOTE. Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one *Total of forms are submitted.

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